



PEEHIP Worksite Wellness Program Overview

*Administered by the
Alabama Department of
Public Health (ADPH)*

PEEHIP works in cooperation with the ADPH to implement a statewide Worksite Wellness Program for PEEHIP covered participants. This program is a voluntary program available during work hours at no cost to employees. It is intended to assist employees and their families in making voluntary behavior changes which reduce health risk and enhance individual productivity.

The PEEHIP Wellness Program screens for potential health problems, makes referrals to the medical community, and educates participants about preventive guidelines. Active and retired public education employees and their dependents (18 and older for health screening, 20 and older for osteoporosis screening) who are covered under PEEHIP are eligible for screenings.

The PEEHIP Wellness program provides a health screening which consists of a blood pressure check, total cholesterol measure, high-density lipoprotein test, low-density lipoprotein test, triglyceride check, TC/HDC ratio, body mass index calculation, pulse check and a blood glucose check. Osteoporosis screening may also be available. A nurse will review the results of the screenings with the participant and make recommendations for positive lifestyle changes. A "take home" colorectal cancer screening test will also be provided to participants who are at high-risk (age 50 and over and/or have a family history of colon cancer).

To find out when services will be offered in your area, go to www.adph.org/worksitewellness/, click the "PEEHIP Wellness" link, and then click the "Wellness Calendar" link.



Important Prescription Drug Changes on pages 2 and 3

New Online Services Now Available for PEEHIP Members

Qualifying Life Events (QLE): Within **45 days** of a Qualifying Life Event (QLE), members who have one or more of the four following QLEs can enroll in or make changes **online** to his or her health insurance and/or flexible spending accounts outside of the Open Enrollment period. You can choose the effective date to be the date of the event or the first of the month following the date of the event:

- ◆ **adoption of a child**
- ◆ **birth of a child**
- ◆ **legal custody of a child**
- ◆ **and marriage of a subscriber**

The QLE menu option is available online year round. We will be adding other QLE options online in the future. Until then, any other valid QLE must be submitted to the PEEHIP office on the appropriate paper form. **Note:** After enrolling your new dependent(s), a member

must send the required documentation to the PEEHIP office in order for the dependent's coverage to be processed. Coverage for your dependent will remain in "pending" status until the documentation is received and approved by PEEHIP.

New PEEHIP Employees: New PEEHIP employees can enroll online in PEEHIP coverages up until 30 days after his or her hire date and can choose the effective date of coverage to be either the date of hire or the first of the month following the date of hire.

To use the online services, go to www.rsa-al.gov, click the link "Member Online Services" to the left of your screen, and then login using your self-selected User ID and Password. If you do not have a User ID and Password, you can easily register to get these by clicking the "Register Now" button on the login page and following the onscreen prompts.

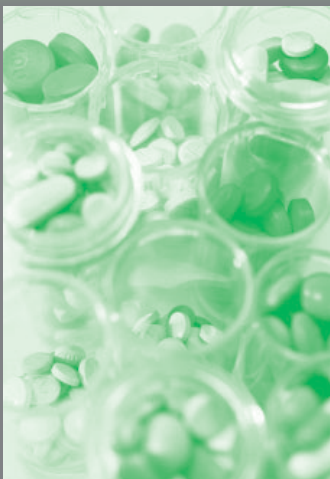
PEEHIP Weight Watchers Program

Administered by the Alabama Department of Public Health (ADPH)

In the first 11 months of fiscal year 2008 (October 1, 2007 through August 31, 2008), Weight Watchers enrollment was 5,934 with 296 classes. This is an increase of 3,282 (124%) participants with 151 (104%) more classes started as compared to fiscal year 2007. Weight loss reported to date: 53,559 pounds for 3,980 participants. So far in FY 2008, Weight Watchers is reporting an average weight loss of 13.5 pounds per person per session.

PEEHIP offers the Weight Watchers' At Work Program to members in school systems

throughout the state. The 15-week sessions are available in every county with enough participants. Class sizes range from 20 to 30 persons. The cost is \$85 with your insurance paying the remaining balance of \$90 if you attend at least 12 of the 15 classes. Lifetime members at their Goal Weight may attend free of charge. All active, retired and dependent members who are covered by PEEHIP and have a BMI of 25 or greater are eligible to participate. For more information about the program, visit the ADPH site and click "Weight Watchers at Work."



2009 Prescription Drug Changes

PEEHIP Formulary

Effective February 1, 2009, the PEEHIP Board of Control has approved changes to the **PEEHIP Formulary Drug List**. These changes are shown in the table below and include adding some preferred and generic drugs as well as removing some non-preferred drugs from the list. Changes to the Formulary may result in either an increase or a decrease in the amount you pay for your prescription drugs. All members affected by these changes were mailed a letter prior to February 1, 2009.

Preferred (Formulary) Drugs that became Non-Preferred (Non-Formulary) Drugs On February 1, 2009

Indication	Non-Preferred Drug Effective 02-01-2009 (\$50 Copayment)	Preferred Drug Alternatives (\$30 Copayment)	Generic Drug Alternatives (\$5 Copayment)
Asthma	Xopenex HFA	Proair HFA, Proventil HFA, Ventolin HFA	none
Bone Loss	Fosamax Plus D	none	alendronate + vitamin D*
	Fosamax Solution	none	alendronate
Diabetes	Avandamet	Actoplus Met	none
	Avandaryl	Duetact	none
	Avandia	Actos	none
Eye Infections	Tobradex	Zylet	none
Heartburn/Ulcers	Prevacid	Nexium	omeprazole

* Alendronate is available generically by prescription, and then vitamin D can be obtained in over-the-counter multivitamins, calcium supplements, fortified foods, and from sunlight.

Non-Preferred (Non-Formulary) Drugs that became Preferred (Formulary) Drugs On February 1, 2009

Indication	Preferred Drug Effective 02-01-2009 (\$30 Copayment)	Generic Drug Alternatives (\$5 Copayment)
Airway Disease	Perforomist	none
Diabetes	Lantus Cartridge/Solostar	none
High Blood Pressure	Byostolic	acebutolol, atenolol/chlorthalidone, betaxolol, bisoprolol fumarate/hctz, carvedilol, labetalol hcl, metoprolol, hctz, er, nadolol, pindolol, propranolol hcl, w/hctz
Hormone Replacement	Striant (orally dissolving)	none
Pain	Opana ER	fentanyl citrate, hydromorphone, morphine sulfate, oxycodone w/acetaminophen

Formulary management is an important component used by PEEHIP in the management of your pharmacy benefit. PEEHIP makes recommendations to the Board as to which drugs to add to or delete from the Formulary Drug List during the year based on a medication's effectiveness, safety, cost, and the availability of generic alternatives. This is a continuing effort by PEEHIP to save members as well as the state money on prescription drug costs.

PEEHIP established a three-tier copayment structure designed to provide the most savings to PEEHIP members with the generic drugs or the preferred brand-name drugs that are on your 2009 PEEHIP Formulary Drug List. Generic drugs carry a \$5 copayment and preferred brand-name drugs carry a \$30 copayment. Drugs not on your preferred drug list, sometimes referred to as non-formulary drugs, will remain available but you will pay the highest copayment of \$50.

If you are taking one of the non-formulary drugs listed on the chart on page 2, please consult your physician and pharmacist about choosing generic drugs or preferred drugs that are clinically safe and cost-effective for you and the PEEHIP program. Almost all members will find an effective alternative therapy that will save both them and the plan money.

To access the complete updated 2009 PEEHIP Formulary Drug List, please visit PEEHIP's Pharmacy Benefits Web page at www.rsa-al.gov/PEEHIP/pharm-benefits.html. For more information about the formulary process, please visit www.express-scripts.com or contact Express Scripts toll-free at 866-243-2125.

PEEHIP Prior Authorization Program

Effective February 1, 2009, the PEEHIP Board of Control has approved the following changes to the PEEHIP Prior Authorization Program. All members affected by these changes were mailed a letter prior to February 1, 2009.

- ◆ New prescriptions for the medications **Arcalyst, Cimzia, Letairis and Tracleer** will require a Prior Authorization from the physician before the medications will be covered by PEEHIP. This prior authorization process is necessary to prevent unapproved, off-label use of these expensive specialty medications. To allow sufficient notification of these changes, members currently taking these medications will automatically receive Prior Authorization for one year to continue receiving these medications through PEEHIP. After one year, beginning February 1, 2010, a member will need Prior Authorization for the medications to be covered by PEEHIP.
- ◆ **Exubera** has been removed from the PEEHIP Prior Authorization Program. This inhaled insulin product is no longer available as it was discontinued by the manufacturer due to lack of sales.

Step Therapy Program

PEEHIP has approved changes to the PEEHIP Step Therapy Program that are effective either January 1 or February 1, 2009. These changes are shown in the table below. Members who are currently taking any of these products and have had a prescription claim processed for the product through the PEEHIP prescription benefit within the prior 130 days **will not be** impacted by these changes. These changes apply to **new** prescriptions which are those prescriptions where a claim has not been filed and processed in the prior 130 days. These changes are also reflected in the updated "PEEHIP Step Therapy Program Overview" document available at www.rsa-al.gov/PEEHIP/pharm-benefits.html.

Step Therapy Program Changes

Condition	Product	Change Made	Effective Date of Change
Bone Conditions	Fosamax + Vitamin D, Fosamax Oral Solution	Moved from 2 nd step product to 3 rd step product	February 1, 2009
Heartburn	Pantoprazole	Moved from 1 st step product to 2 nd step product	January 1, 2009
	Prevacid Prevacid Solu Tab	Moved from 2 nd step product to 3 rd step product	February 1, 2009
High Cholesterol (HMG-Co-A Reductase Inhibitors)	Advicor, Simcor	Removed products from Step Therapy Program	January 1, 2009



The Big Switch: CFC to HFA-Propelled Albuterol Inhalers

The U.S. Food and Drug Administration (FDA) has advised people who are using chlorofluorocarbon (CFC)-propelled inhalers to switch to hydrofluoroalkane (HFA)-propelled albuterol inhalers. Albuterol inhalers that contain CFCs will not be sold in the United States after Dec. 31, 2008. CFC-propelled albuterol inhalers are being phased out due to their harmful effects on the environment.

Albuterol inhalers deliver medicine directly into the lungs to treat bronchospasm (wheezing) in patients with asthma and chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema. There are three albuterol HFA inhalers that FDA has approved as safe and effective replacements for CFC-propelled albuterol inhalers: ProAir HFA Inhalation Aerosol, Proventil HFA Inhalation Aerosol, and Ventolin HFA Inhalation Aerosol. All three of these new inhalers are formulary brands and the copay for PEEHIP members is \$30. These new inhalers were given brand name status by the FDA; therefore, albuterol is no longer available as a generic for the \$5 generic copay for PEEHIP members. Generic equivalents for the new environmentally-friendly HFA inhalers will not be available for a few years due to the patent extension these products received when they changed their propellant from CFC to HFA.

Albuterol HFA may taste and feel different than the albuterol CFC inhalers due to the different type of propellant. The force of the spray may feel softer with the HFA inhalers. However, albuterol HFA inhalers provide the same dose of albuterol as the CFC inhalers. Cleaning and priming the albuterol HFA inhaler is very important to prevent clogging and to ensure that the medicine sprays from the inhaler properly.

For more information on the switch from CFC propelled Albuterol inhalers to HFA propelled albuterol inhalers visit: <http://www.fda.gov/cder/mdi/albuterol.htm>.

Medication Compliance: Following Doctor's Orders

Patient noncompliance is a costly and prevalent medical problem in America. Compliance means taking the correct amount of prescribed medication at the proper time. Medications cannot work properly when they are not taken according to the physician's instructions. Poor compliance contributes substantially to worsening of disease, death, and increased health care costs. Approximately 125,000 people with treatable ailments die each year in the USA because they do not take their medication properly.¹ Additionally, not taking medications properly increases costs to both the patient and the provider. Noncompliance may lead to a greater than 130 day lapse in therapy. This time frame is important because your medication will revert back to a new prescription status making it subject to Prior Authorization or Step Therapy. Being compliant with your medications gives you the best opportunity to achieve the desired outcome of managing your disease.

What can I do to avoid becoming noncompliant?

- ◆ Never stop taking medication on your own even though you feel better
- ◆ Talk to your physician or pharmacist about any concerns you may have about your medications
- ◆ Ask for written instructions on how and when to take your medication
- ◆ Make sure you understand your condition and the importance of treatment

How can I remember to take my medications on time?

- ◆ Take medications at the same time as a normal daily routine (e.g. bedtime or meal time)
- ◆ Set alarms to remind you at the same time each day to take your medication
- ◆ Use a pill box to organize your medication
- ◆ Keep a medication record in a journal and marking off as you take your medication
- ◆ Ask if your pharmacy offers refill reminders

A copy of a medication record form may be found at http://www.adultmeducation.com/downloads/Medication_Record_Form.pdf.

¹Smith, D., *Compliance Packaging: A Patient Education Tool*, American Pharmacy, Vol. NS29, No 2 February 1989

Public Education Employees' Health Insurance Plan

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